

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

Renne M.F. Wyzykowski

Mail Stop AMENDMENT

Post Office Box 7068
Pasadena, CA 91109-7068
July 30, 2009

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED | | | | | | |
|--|---|-------------------------------|---------------------------|----------------------|----------------------|-----|
| | Claims Remaining After Amendment | Highest Number Paid For | Number Extra Claims | Small Entity Rate | Large Entity Rate | FEE |
| Total Claims Fee | 19 | *21 | 0 | x \$26.00 | 0 x \$52.00 | -0- |
| Independent Claims | 2 | ** 3 | 0 | x \$110.00 | 0 x \$220.00 | -0- |
| Multiple Dependent Claims *** | | | | \$195.00 | \$390.00 | -0- |
| TOTAL FILING FEE | | | | | | -0- |
| NO ADDITIONAL FEE REQUIRED | IF NO FEE REQUIRED, INSERT "0" | | | | | -0- |
| LIST INDEPENDENT CLAIMS: 22, 39 | | | | | | |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME | | | | | | |

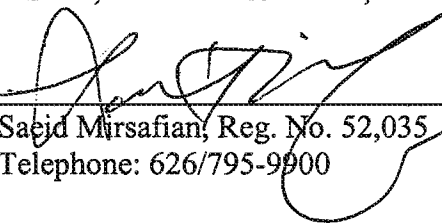
Amendment Transmittal Letter
Application No. 10/562,258

_____ Attached is our check for \$ to pay the fees calculated above.
X_____ A Petition for Extension of Time and the required fee are enclosed.
X_____ Other enclosures: Annotated FIGS. 3A-3D (2 sheets);
Replacement Sheets (2) including FIGS. 3A-4

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
Saejd Mirsafian, Reg. No. 52,035
Telephone: 626/795-9900

SM/rmw

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